



General

Guideline Title

Best evidence statement (BEST). Partnering with parents for greater treatment outcomes in speech-language pathology.

Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BEST). Partnering with parents for greater treatment outcomes in speech-language pathology. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2011 Dec 27. 6 p. [20 references]

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

The strength of the recommendation (strongly recommended, recommended, or no recommendation) and the quality of the evidence (1aâ€5b) are defined at the end of the "Major Recommendations" field.

It is strongly recommended that speech-language pathologists train and counsel parents regarding methods of initiating a home program and clearly communicate that participation in a home program will accelerate progress towards speech and language goals (Roberts & Kaiser, 2011 [1a]; Allen & Marshall, 2011 [2a]; McDuffie & Yoder, 2010 [2a]; Fey et al., 2006 [2a]; Yoder & Warren, 2002 [2a]; Gunther & Hautvast, 2010 [3a-controlled clinical trial (CCT)]; McConachie et al., 2005 [3a]; Pennington et al., 2009 [4a]; Scherer, D'Antonio, & McGahey, 2008 [4a]; Crowe, Norris, & Hoffman, 2004 [4a]; Kashinath, Woods, & Goldstein, 2006 [4b]; Reagon & Higbee, 2009 [5a]).

Note: In one study by Gunther & Hautvast (2010 [3a-CCT]), a contingency management (reward program) was used as a motivational technique for articulation home programs. "Contingency management is an operant-conditioning technique in which the consequences of a response are manipulated in order to change the frequency of that response" (Alloy, Riskind, & Manos, 2005 [5]). Therapy with a home program led to greater improvements on the sounds /s/ and /sh/ compared to a waiting list group. When contingency management was added to a home program, it had a positive impact on the therapy process and increased the number of times families practiced and, overall, led to greater progress towards treatment goals.

Definitions:

Table of Evidence Levels

Quality Level	Definition
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Quality level	Definition
1a or 1b	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local consensus

†a = good quality study; b = lesser quality study

Table of Recommendation Strength

Strength	Definition
It is strongly recommended that... It is strongly recommended that... not...	There is consensus that benefits clearly outweigh risks and burdens (or vice versa for negative recommendations).
It is recommended that... It is recommended that... not...	There is consensus that benefits are closely balanced with risks and burdens.
There is insufficient evidence and a lack of consensus to make a recommendation...	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

Childhood conditions requiring speech pathology services

Guideline Category

Management

Treatment

Clinical Specialty

Family Practice

Pediatrics

Speech-Language Pathology

Intended Users

Advanced Practice Nurses

Nurses

Physician Assistants

Physicians

Speech-Language Pathologists

Guideline Objective(s)

To evaluate among children enrolled in speech pathology services if receiving speech pathology with a home program component versus receiving speech pathology without a home program component leads to greater progress towards speech and language goals

Target Population

Inclusions: Children, birth to 18 years, who present with a diagnosis of a language disorder or articulation (speech sound) disorder

Exclusions: Children with a diagnosis of voice, auditory processing, cognitive rehabilitation, swallowing, stuttering or hearing disorders

Interventions and Practices Considered

Speech pathology services with a home program component

Major Outcomes Considered

Speech and language improvements

Methodology

Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Search Strategy

- Date Range: January, 2001 to May, 2011
- Keywords: parent, speech therapy, caregiver, home program, early intervention, speech and language
- Limits: English
- Databases: American Speech and Hearing Association (ASHA), Medline, The Cochrane Library, and CINAHL

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

Quality Level	Definition
1a [†] or 1b [†]	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain
5a or 5b	General review, expert opinion, case report, consensus report, or guideline
5	Local consensus

[†]a = good quality study; b = lesser quality study

Methods Used to Analyze the Evidence

Review of Published Meta-Analyses

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Not stated

Rating Scheme for the Strength of the Recommendations

Table of Recommendation Strength

Strength	Definition
It is strongly recommended that... It is strongly recommended that... not...	There is consensus that benefits clearly outweigh risks and burdens (or vice versa for negative recommendations).
It is recommended that... It is recommended that... not...	There is consensus that benefits are closely balanced with risks and burdens.

Strength	Definition
There is insufficient evidence and a lack of consensus to make a recommendation...	

Note: See the original guideline document for the dimensions used for judging the strength of the recommendation.

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

Peer Review

Description of Method of Guideline Validation

This Best Evidence Statement has been reviewed against quality criteria by 2 independent reviewers from the Cincinnati Children's Hospital Medical Center (CCHMC) Evidence Collaboration.

Evidence Supporting the Recommendations

References Supporting the Recommendations

Allen J, Marshall CR. Parent-Child Interaction Therapy (PCIT) in school-aged children with specific language impairment. *Int J Lang Commun Disord*. 2011 Jul-Aug;46(4):397-410. [PubMed](#)

Alloy LB, Riskind JH, Manos MJ. Glossary. In: *Abnormal psychology: current perspectives*. 9th ed. New York (NY): McGraw-Hill; 2005.

Crowe LK, Norris JA, Hoffman PR. Training caregivers to facilitate communicative participation of preschool children with language impairment during storybook reading. *J Commun Disord*. 2004 Mar-Apr;37(2):177-96. [PubMed](#)

Fey ME, Warren SF, Brady N, Finestack LH, Bredin-Oja SL, Fairchild M, Sokol S, Yoder PJ. Early effects of responsivity education/prelinguistic milieu teaching for children with developmental delays and their parents. *J Speech Lang Hear Res*. 2006 Jun;49(3):526-47. [PubMed](#)

Gunther T, Hautvast S. Addition of contingency management to increase home practice in young children with a speech sound disorder. *Int J Lang Commun Disord*. 2010 May-Jun;45(3):345-53. [PubMed](#)

Kashinath S, Woods J, Goldstein H. Enhancing generalized teaching strategy use in daily routines by parents of children with autism. *J Speech Lang Hear Res*. 2006 Jun;49(3):466-85. [PubMed](#)

McConachie H, Randle V, Hammal D, Le Couteur A. A controlled trial of a training course for parents of children with suspected autism spectrum disorder. *J Pediatr*. 2005 Sep;147(3):335-40. [PubMed](#)

McDuffie A, Yoder P. Types of parent verbal responsiveness that predict language in young children with autism spectrum disorder. *J Speech Lang Hear Res*. 2010 Aug;53(4):1026-39. [PubMed](#)

Pennington L, Thomson K, James P, Martin L, McNally R. Effects of it takes two to talk--the hanen program for parents of preschool children with cerebral palsy: findings from an exploratory study. J Speech Lang Hear Res. 2009 Oct;52(5):1121-38. [PubMed](#)

Reagon KA, Higbee TS. Parent-implemented script fading to promote play-based verbal initiations in children with autism. J Appl Behav Anal. 2009 Fall;42(3):659-64. [PubMed](#)

Roberts MY, Kaiser AP. The effectiveness of parent-implemented language interventions: a meta-analysis. Am J Speech Lang Pathol. 2011 Aug;20(3):180-99. [PubMed](#)

Scherer NJ, D'Antonio LL, McGahey H. Early intervention for speech impairment in children with cleft palate. Cleft Palate Craniofac J. 2008 Jan;45(1):18-31. [PubMed](#)

Yoder PJ, Warren SF. Effects of prelinguistic milieu teaching and parent responsivity education on dyads involving children with intellectual disabilities. J Speech Lang Hear Res. 2002 Dec;45(6):1158-74. [PubMed](#)

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

When comparing home programs to no home programs, the evidence indicated that treatment with a home therapy program led to greater progress towards speech and language goals over time, including articulation (speech sounds) and expressive and receptive and social language skills (vocabulary, length of utterances, initiating, etc.).

Potential Harms

Not stated

Qualifying Statements

Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

Implementation of the Guideline

Description of Implementation Strategy

An implementation strategy was not provided.

Implementation Tools

Audit Criteria/Indicators

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Identifying Information and Availability

Bibliographic Source(s)

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Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2011 Dec 27

Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

Source(s) of Funding

Cincinnati Children's Hospital Medical Center

Guideline Committee

Not stated

Composition of Group That Authored the Guideline

Group/Team Leader: Marlo Mewherter, MS, CCC-SLP, Division of Speech Pathology, Speech Pathologist II

Support Personnel: Mary Ellen Meier, MSN, RN, CPN, Evidence-Based Practice Mentor, Center for Professional Excellence/Research and Evidence-Based Practice; Patti Besuner, MN, RN, CNS, Evidence-Based Practice Mentor, Center for Professional Excellence/Research and Evidence-Based Practice

Financial Disclosures/Conflicts of Interest

No financial conflicts of interest were found.

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

Availability of Companion Documents

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Jan. 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .
- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Feb 29. 1 p. Available from the [Cincinnati Children's Hospital Medical Center Web site](#) .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

In addition, suggested process or outcome measures are available in the [original guideline document](#) .

Patient Resources

None available

NGC Status

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